



TOWN OF LOS GATOS

BUILDING BOARD OF APPEALS APPLICATION

Submit to: Clerk Department
110 East Main Street, P.O. Box 949, Los Gatos, CA 95031
Telephone: (408) 354-6834 c Fax: (408) 354-8431 c Email: clerk@losgatosca.gov

Please type or print legibly

* Last Name: _____	* First Name: _____
* Address: _____	* City: _____ * Zip: _____
* Home Phone: _____	Work Phone: _____
Email: _____	Fax: _____
Present Employer: _____	Job Title: _____
Length of Residency in Los Gatos: _____	

** If appointed, this information will be made available to the public.*

Previously Held Elected or Appointed Governmental Positions	Position/Office Held	Dates
Civic or Charitable Organizations You Have Belonged To	Position/Office Held	Dates
Schools Attended/Attending	Major Subject and/or Grade Level	

A separate application is required for each Commission. Please list other Commissions you are applying to:

Signature: _____

Date: _____



1. Why are you interested in serving on the Board of Appeals? _____

2. What experience or training do you have that qualifies you for this position? _____

3. Are you able to read and understand architectural drawings? _____

4. Are you familiar with state and local regulations concerning access for persons with disabilities? _____

5. Does your work and personal schedule allow you the ability to attend evening and/or Saturday meetings? _____

6. Is there anything you would like to add about yourself to assist us in making our selection? _____

7. Have you ever attended a Building Board of Appeals meeting? _____. If so, please provide a summary of your observations of the meeting. _____
